

STATEMENT OF ECONOMIC INTERESTS

RECEIVED
GOVERNMENTAL
PRACTICES COMMISSION

Date Received
Official Use Only

FEB 08 2012

Received
(MIDDLE)

Please type or print in ink.

NAME OF FILER

(LAST)

12 FEB 16 AM 11:38

Forster

Richard

M.

1. Office, Agency, or Court

Agency Name

Amador County

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors, Supervisor District III

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached List

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☒ Multi-County See Attached List

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 8

☒ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☒ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

I have used all reasonable diligence in preparing this statement. I have reviewed the information herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/7/2012
(month, day, year)

Signature

RICHARD M. FORSTER

ADDITIONAL BOARDS AND COMMISSIONS

JANUARY 1, 2011 THROUGH DECEMBER 21, 2011

AMADOR COUNTY TRANSPORTATION COMMISSION (ACTC)

AMADOR COUNTY RECREATION AGENCY (ACRA)

AREA 12 AGENCY ON AGING

***HOUSING LAND USE AND TRANSPORTATION (CSAC)**

***AGRICULTURE AND NATURAL RESOURCES (CSAC)**

FIRST 5 AMADOR COMMISSION

LOCAL COMMUNITY BENEFIT COMMITTEE

MOUNTAIN COUNTIES AIR BASIN (MCAB)/MOUNTAIN COUNTIES WATER RESOURCES

NATIONAL ASSOCIATION OF COUNTIES

***REGIONAL COUNCIL OF RURAL COUNTIES**

***JURISDICTION OF OFFICE (MULTI-COUNTY)**

Alameda	Glenn	Marin	Placer	San	Stanislaus
Alpine	Humboldt	Mariposa	Plumas	Mateo	Sutter
Amador	Imperial	Mendocino	Riverside	Santa	Tehama
Butte	Inyo	Merced	Sacramento	Barbara	Trinity
Calaveras	Kern	Modoc	San Benito	Santa	Tulare
Colusa	Kings	Mono	San	Clara	Tuolumne
Contra	Lake	Monterey	Bernardino	Santa	Ventura
Costa	Lassen	Napa	San Diego	Cruz	Yolo
Del Norte	Los	Nevada	San	Shasta	Yuba
El Dorado	Angeles	Orange	Francisco	Sierra	
Fresno	Madera		San Joaquin	Siskiyou	
			San Luis	Solano	
			Obispo	Sonoma	

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

Forster, Richard

▶ NAME OF BUSINESS ENTITY
Bank of Amador

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Banking

FAIR MARKET VALUE
☒ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☒ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

NATURE OF INVESTMENT
☐ Stock ☐ Other _____ (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499
 ☐ Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 ____/____/11 ____/____/11
 ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Forster, Richard

▶ 1. BUSINESS ENTITY OR TRUST

Forster Livestock

Name

P.O. Box 1021 Lone, CA 95640

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☒ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/11

ACQUIRED

____/____/11

DISPOSED

NATURE OF INVESTMENT

☒ Sole Proprietorship

☐ Partnership

☐ _____

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☒ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/11

ACQUIRED

____/____/11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

____ Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

▶ 1. BUSINESS ENTITY OR TRUST

Name

Address (Business Address Acceptable)

Check one

☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$0 - \$1,999

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/11

ACQUIRED

____/____/11

DISPOSED

NATURE OF INVESTMENT

☐ Sole Proprietorship

☐ Partnership

☐ _____

Other

YOUR BUSINESS POSITION _____

▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT

☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

FAIR MARKET VALUE

IF APPLICABLE, LIST DATE:

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

____/____/11

ACQUIRED

____/____/11

DISPOSED

NATURE OF INTEREST

☐ Property Ownership/Deed of Trust

☐ Stock

☐ Partnership

☐ Leasehold

____ Yrs. remaining

☐ Other

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B **Interests in Real Property** (Including Rental Income)

Name

Forster, Richard

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

853/857 Sutter Lane

CITY

Ione, CA 95640

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 11 / / 11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

8151 Sutter Creek-Ione Road

CITY

Ione, CA 95640

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 11 / / 11
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Wells Fargo Home Mortgage

ADDRESS (Business Address Acceptable)

P.O. Box 30427

BUSINESS ACTIVITY, IF ANY, OF LENDER

Los Angeles, CA 90030-0427

INTEREST RATE

 5.95 % ☐ None

TERM (Months/Years)

April 1, 2013

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

GMAC

ADDRESS (Business Address Acceptable)

P.O. Box 89135

BUSINESS ACTIVITY, IF ANY, OF LENDER

Phoenix, AZ 85062-91355

INTEREST RATE

 5.25 % ☐ None

TERM (Months/Years)

15 years

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Forster, Richard

► NAME OF SOURCE

Chevron Energy Solutions

ADDRESS (Business Address Acceptable)

23 Nevada, Irvine, CA 92602

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Dinner/Annual CSAC Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 11	\$ 80.00	Dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Forster, Richard

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE

Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)

1215 K Street

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ 718.19
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Expenses paid by RCRC in 2011 for travel, lodging
and/or meals

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____/____/____ - ____/____/____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

2011 DELEGATE EXPENSE

County: **Amador**
 Delegate: **R. Forster**

<u>Meals provided at meetings:</u>	<u>Amount</u>	
Prior year expenses pd in 2011	none	
Officer Lunch: 1/18/11	13.87	
RCRC Board Meeting: 1/19/11	24.64	24.64
RCRC Board Officer Meeting: 1/21/11	8.49	
RCRC Board Officer Meeting: 1/26/11	19.61	
Executive Committee Meeting: 2/16/11	19.00	
RCRC Board Meeting: 3/23/11	21.39	
ESJPA Board Meeting: 3/24/11	14.83	
Executive Committee Meeting: 4/27/11	20.69	
RCRC Board Meeting: 5/25/11	19.82	19.82
ESJPA Board Meeting: 5/26/11	13.41	
RCRC Board Meeting Meals (Napa): 6/16/11	154.03	154.03
USFS Roundtable: 6/22/11	4.96	
Executive Committee Meeting: 8/3/11	27.17	
RCRC Board Meeting: 8/24/11	18.67	18.67
ESJPA Board Meeting: 8/25/11	12.09	
RCRC Board Meeting (Annual Conference): 9/23/11	27.10	27.10
ESJPA Board Meeting: 10/20/11	17.45	
RCRC Board Meeting: 12/7/11	30.62	30.62
ESJPA Board Meeting: 12/8/11	21.29	

Expense Reimbursements: To Delegate:
 To County for Delegate:

Expenses paid by RCRC on behalf of Supervisor:

Meetings with Staff:	
Officer Installation: 1/19/11	88.65
Meeting Washington DC: 4/00/11	
CSAC Registration:	
RCRC Board Meeting (Napa) Lodging: 6/14-15/11	226.86
Napa Tour: 6/15/11	53.76
Napa Dinner: 6/15/11	74.04
NACO WIR Registration: 7/00/11	
NACO Meals with Staff: 7/00/11	
Executive Committee Offsite Meeting: 11/16/11	
Executive Committee Dinner: 11/16/11	
Phone Cards/Communication Eqpt.:	
Gifts - \$420 limit:	
Awards - \$250 limit:	
Total Expenses:	718.19

**Please record on your
 SCHEDULE - E**